

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Aaron Abadi	COURT CASE NUMBER 23cv4033
DEFENDANT American Airlines Group Inc, et al	TYPE OF PROCESS Summons & Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
TAP Portugal, Inc.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
263 Lafayette Street, 3rd FL Newark, NJ 07105

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Aaron Abadi 82 Nassau Street Apt. 140 New York, NY 10038	Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: <i>T. Arora</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 9/5/2023
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>054</u>	District to Serve No. <u>50</u>	Signature of Authorized USMS Deputy or Clerk KRISTEN HUTCHINSON Digitally signed by KRISTEN HUTCHINSON Date: 2023.10.25 15:17:10 -0400	Date 10/25/2023
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 10/31/23	Time 2:31 <input checked="" type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Costs shown on attached USMS Cost Sheet >>

### REMARKS

Building is a Medical Facility. No one knew of Tap Portugal, Inc.